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				Peter C. Lauro, Esq.		(Depositor's name)	
				/Peter C. Lauro/		(Signature)	
				Octobe	er 22, 2009	(Date)	
APPLICATION NO.	FILING DATE FIRST NA		NAMED INVENT			O. CONFIRMATION NO.	
10/803,329	03/18/2004	Ar	ina N. Yaroslavsky		62045(51588)	5580	
TITLE OF INVENTION	N: POLARIZED LI	GHT IMAGING DEV	ICES AND MET	IODS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLIC	ATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	yes	\$755.00	\$3	00.00	\$1,085.00	10/22/2009	
EXAMINER		ART UNIT	CLASS-	SUBCLASS]		
J. M. Kish 3737							
1. Change of correspond Address" (37 CFR 1.36: Change of corr Correspondence "Fee Address" ir form PTO/SB/47	2. For printing on the patent front page, list 1) the names of up to 3 registered patent ttorneys or agents OR, alternatively, 2) the name of a single firm (having as a member registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no tame is listed, no name will be printed. 2						
	ner Number is required AND RESIDENCE DAT	• •	· · · · · · · · · · · · · · · · · · ·	-			
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The General Hospital Corporation Boston, Massachusetts							
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